



1/11/07

3762

TRANSMITTAL FORM (to be used for all correspondence after initial filing)		Application No.	10/529,149
		Filing Date	October 24, 2005
		First Named Inventor	Nir Betser
		Art Unit	3762
		Examiner Name	Flory, Christopher A
Total Number of Pages in This Submission	12	Attorney Docket Number	3394P020

ENCLOSURES (check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment / Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> PTO/SB/08 <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/Incomplete Application <input type="checkbox"/> Basic Filing Fee <input type="checkbox"/> Declaration/POA <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): <div style="border: 1px solid black; padding: 5px; margin-top: 10px;">Return receipt postcard</div>
Remarks		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT	
Firm or Individual name	Eric S. Hyman, Reg. No. 30,139 BLAKELY, SOKOLOFF, TAYLOR & ZAFMAN LLP
Signature	
Date	4/18/07

CERTIFICATE OF MAILING/TRANSMISSION			
I hereby certify that this correspondence is being deposited with the United States Postal Service on the date shown below with sufficient postage as first class mail in an envelope addressed to: Mail Stop Amendment, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.			
Typed or printed name	Linda Metz		
Signature		Date	4/19/07



FEE TRANSMITTAL for FY 2006

Patent fees are subject to annual revision.

Complete if Known

Application Number	10/529,149
Filing Date	October 24, 2005
First Named Inventor	Nir Betser
Examiner Name	Flory, Christopher A
Art Unit	3762
Attorney Docket No.	3394P020

☒ Applicant claims small entity status. See 37 CFR 1.27.

TOTAL AMOUNT OF PAYMENT (\$)
0.00

METHOD OF PAYMENT (check all that apply)

☐ Check ☐ Credit card ☐ Money Order ☐ None ☐ Other (please identify): _____

☒ Deposit Account Deposit Account Number: 02-2666 Deposit Account Name: Blakely, Sokoloff, Taylor & Zafman LLP

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

☐ Charge fee(s) indicated below ☐ Credit any overpayments

☐ Charge fee(s) indicated below, except for the filing fee ☒ Any concurrent or future reply that requires a petition for extension of time should be treated as incorporating an appropriate petition for extension of time and all required fees should be charged.

☒ Charge any additional fee(s) or underpayment of fee(s) during the pendency of this application.

FEE CALCULATION

1. EXTRA CLAIM FEES

	Total Claims	Extra Claims	Fee from below	Fee Paid
	42	42	0	\$0.00
Independent Claims	3	3	0	\$0.00
Multiple Dependent				

Large Entity	Small Entity	Fee Code	Fee (\$)	Fee Description
1202	2202	50	25	Claims in excess of 20
1201	2201	200	100	Independent claims in excess of 3
1203	2203	360	180	Multiple Dependent claim, if not paid
1204	2204	790	395	**Reissue independent claims over original patent
1205	2205	300	150	**Reissue claims in excess of 20 and over original patent

SUBTOTAL (1)

(\$)
0.00

**or number previously paid, if greater. For Reissues, see below

2. ADDITIONAL FEES

Large Entity	Small Entity	Fee Code	Fee (\$)	Fee Description
1051	2051	130	65	Surcharge - late filing fee or oath
1052	2052	50	25	Surcharge - late provisional filing fee or cover sheet.
2053	2053	130	130	Non-English specification
1251	2251	120	60	Extension for reply within first month
1252	2252	450	225	Extension for reply within second month
1253	2253	1,020	510	Extension for reply within third month
1254	2254	1,590	795	Extension for reply within fourth month
1255	2255	2,160	1,080	Extension for reply within fifth month
1401	2401	500	250	Notice of Appeal
1402	2402	500	250	Filing a brief in support of an appeal
1403	2403	1,000	500	Request for oral hearing
1451	2451	1,510	1,510	Petition to institute a public use proceeding
1460	2460	130	130	Petitions to the Commissioner
1807	1807	50	50	Processing fee under 37 CFR 1.17(q)
1806	1806	180	180	Submission of Information Disclosure Stmt
1809	1809	790	395	Filing a submission after final rejection (37 CFR § 1.129(a))
1810	2810	790	395	For each additional invention to be examined (37 CFR § 1.129(b))

Other fee (specify) _____

SUBTOTAL (2)

(\$)

Fee Paid

SUBMITTED BY

Name (Print/Type) Eric S. Hyman

Registration No.
(Attorney/Agent)

30,139

Telephone

(310) 207-3800

Signature

Date

4/18/07

Based on PTO/SB/17 (02-07) as modified by Blakely, Sokoloff, Taylor & Zafman (wlr) 02/26/2007.
SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450



Our Ref. No.: 003394.P020

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Patent Application of:)
)
Nir Betser, et al.,)
) Examiner: Flory, Christopher A
Application No.: 10/529,149)
) Group/Art Unit: 3762
Filed: October 24, 2005)
)
For: **ELECTRODE ASSEMBLY FOR**)
 NERVE CONTROL)
_____)

Mail Stop - Amendments
Commissioner for Patents
PO Box 1450
Alexandria, Virginia 22313-1450

RESPONSE TO RESTRICTION REQUIREMENT

Dear Commissioner:

In response to the outstanding Office Action, mailed April 4, 2007, Applicant elects:

Group I, claims 90-114, drawn to an implantable tubular cuff, classified in class 607,
subclass 118, without traverse.